



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
**United States Patent and Trademark Office**  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8401

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/784,628	02/23/2004	623	3733	F-272
<b>APPLICANTS</b> Joseph P. Errico, Kirkland, WA; Michael W. Dudasik, Nutley, NJ; Rafail Zubok, Midland Park, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/282,356 10/29/2002 PAT 7,169,182 which is a CIP of 10/256,160 09/26/2002 PAT 6,989,032 which is a CON of 10/175,417 06/19/2002 PAT 7,563,285 which is a CON of 10/151,280 05/20/2002 PAT 7,604,664 which is a CON of 09/970,479 10/04/2001 PAT 6,669,730 and is a CON of 10/140,153 05/07/2002 ABN and said 09/970,479 10/04/2001 is a CON of 09/968,046 10/01/2001 ABN and said 10/140,153 05/07/2002 is a CON of 09/970,479 10/04/2001 PAT 6,669,730 and is a CON of 10/128,619 04/23/2002 PAT 6,863,689 which is a CON of 09/906,119 07/16/2001 PAT 6,607,559 and is a CON of 09/982,148 10/18/2001 PAT 6,673,113				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/18/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHRISTINA L NEGRELLI/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 18	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> SPINE MP LERNER, DAVID, et al. 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 UNITED STATES				
<b>TITLE</b> Instrumentation for inserting and impacting an artificial intervertebral disc in an intervertebral space				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	